

**FIA-1402, NON-
CUSTODIAL
PARENT PAYMENT
LETTER**

STATE OF MICHIGAN

**FACSIMILE****DEPARTMENT OF SOCIAL SERVICES**

235 South Grand Avenue, P.O. Box 30037, Lansing, Michigan 48909

ABSENT PARENT PAYMENT

Parties to the Action	
Court File Number	County and State of Order
DSS Case Number	Date

As of _____, your child's caretaker (custodial parent) requests that all court ordered child support payments be collected by a local Michigan Friend of the Court office. We are enclosing an Interstate Redirection and Assignment of Support form signed by your child's caretaker giving you permission to forward these payments to a local Michigan Friend of the Court Office.

We understand that you are paying your child support on a regular basis and we are requesting that you forward these payments to the Friend of the Court. Please make all checks payable to the Friend of the Court, include the Michigan identification number and payee name on all checks, and mail to the following address.

_____, County Friend of the Court

_____, Michigan _____

Payee name: _____

To be completed by FOC:

MICHIGAN Identification No. _____ DF

Thank you for your cooperation in this matter.
Office of Child Support

By _____	Telephone No. _____
The Department of Social Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap or political beliefs.	AUTHORITY: Section 454(3), Social Security Act COMPLETION: Voluntary.

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Absent Parent Payment Letter